The Texas A&M University System
Request for Foreign Travel

3 Digit Agency Code  732  
Agency Name  Texas A&M University- Kingsville

Account Number  
Account Name  

(Board approval required only for travel to be funded with appropriated funds.)

Name of Travelers(s)  
Title  

1.  
2.  
3.  
4.  

Destination  
Date Departing  
Date Returning  

Purpose of Trip:

Approval Recommended:

1. Department Head  
2. Dean  
3. VP/VC  
4. CEO  

Board of Regents Approval:

Submit original form to:  

The Texas A&M University System
Office of the Board of Regents
MSC Suite 153 TAMUS 1123
College Station, TX 77844-9021

Original- Board of Regents

Approved Copies:

1. Attention:  
   Agency Name:  
   Fax No:  

2. System Office of Budgets & Accounting
   Attention: Audra Wilkinson
   Fax No: (979) 458-6101

Requests must be submitted to the Board of Regents Office at least 30 days prior to proposed travel dates.

The Texas A&M University System
Complete This Form for Each Traveler

<table>
<thead>
<tr>
<th>Cost of Trip</th>
<th>Appropriated Funds</th>
<th>Local/Personal Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Acct Number: _______</td>
<td>Acct Number: _______</td>
</tr>
<tr>
<td>(a) Transportation</td>
<td>$ ___________</td>
<td>$ ___________</td>
</tr>
<tr>
<td>(b) Other Transportation</td>
<td>$ ___________</td>
<td>$ ___________</td>
</tr>
<tr>
<td>(c) Lodging</td>
<td>$ ___________</td>
<td>$ ___________</td>
</tr>
<tr>
<td>(d) Meals</td>
<td>$ ___________</td>
<td>$ ___________</td>
</tr>
<tr>
<td>(e) Registration Fee</td>
<td>$ ___________</td>
<td>$ ___________</td>
</tr>
<tr>
<td>(f) Other</td>
<td>$ ___________</td>
<td>$ ___________</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$ ___________</td>
<td>$ ___________</td>
</tr>
</tbody>
</table>

JUSTIFICATION OF TRIP: __________________________________________________________

Name: ________________________________________________________________

Signature: ______________________________________________________________

Title: _________________________________________________________________

Social Security Number: ________________________________

Date: ________________________________________________________________